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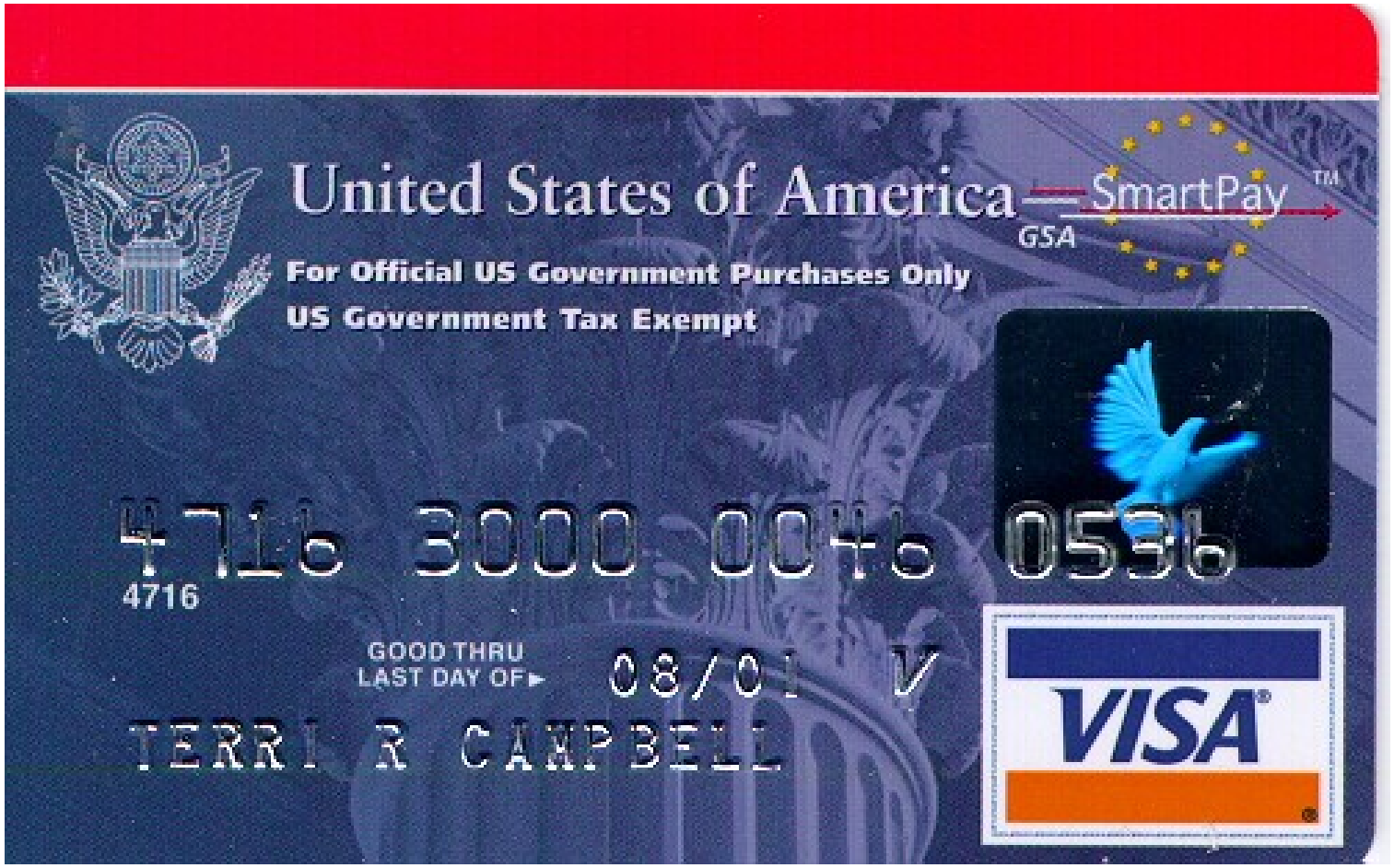
SUMMARY

- Introduction
- Definitions
- Rules/Regulations
- Responsibilities
- Restrictions
- Limitations
- Use of the card
- Payment of Invoice
- Problems
- Security
- Surveillance
- Tax Exemption
- Foreign draft
- Forms

Introduction to SMART PAY

GOVERNMENT PURCHASE CARD SYSTEM

“GPC ”



International Merchant Purchase Authorization Card

DOD PROGRAM

- Level 1 : DOD GPC
- Level 2 : DOD Army
- Level 3 : USAREUR
- Level 4 : APCs
- Level 5 : Billing Officials
- Level 6 : Credit Cardholders.

NUMBERS (Army, FY 2006)

- 56,379 Cardholders (134)
- 23,549 Billing Officers (63)
- 4,188,412 Transactions (6,831)
- $3.64 billion ($4,1million)
- $27.19 million rebates ($22,305.5)

GPC DEFINITIONS

- STATEMENT OF ACCOUNT
  - Document identifying all purchases made by the cardholder and posted in billing cycle.
- BILLING CYCLE
  - The period of time covered by a Statement of Account. Begins on the 20th of each month

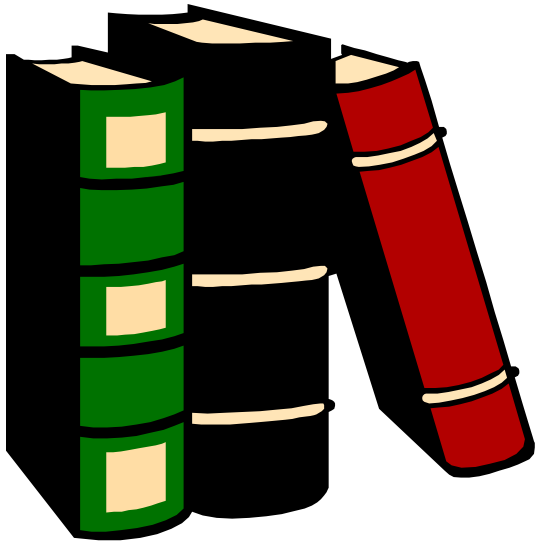
DEFINITIONS(Cont)

- BILLING STATEMENT
  - Serves as the official invoice for payment. Covers all cardholders assigned to Billing Official.

DEFINITIONS (Cont)

- CERTIFYING OFFICER
  - In DOD the Billing Official is formally appointed to certify the billing statement for payment.
    - Appointment Letter from Commander
    - Statement of agreement
    - Signed DD Form 577 (Signature Card)
  - Appointment must be formally revoked

REGULATORY GUIDANCE



FEDERAL ACQUISITION REGULATION

(FAR, DFARS, AFAR, etc.)

SIMPLIFIED ACQUISITION PROCEDURES

FAR PART 13

RULES!!!!

(UNLESS FAR PART 8 APPLIES)

FAR PART 8
REQUIRED SOURCES OF SUPPLIES AND SERVICES

ESTABLISHES THE PRIORITY OF SOURCES FOR AGENCIES TO ACQUIRE SUPPLIES & SERVICES

FAR PART 8
REQUIRED SOURCES OF SUPPLY

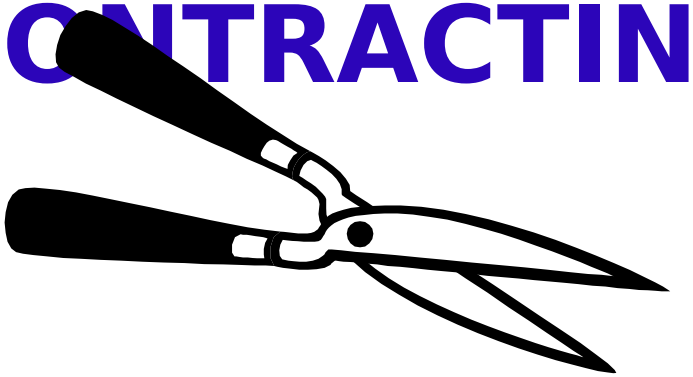
- AGENCY INVENTORIES
- EXCESS FROM OTHER AGENCIES
- FEDERAL PRISON INDUSTRIES
- NATIONAL INDUSTRIES FOR THE BLIND/SEVERELY DISABLED (NISH/NIB)
- MANDATORY FEDERAL SUPPLY SCHEDULES
- OPTIONAL FEDERAL SUPPLY SCHEDULES
- COMMERCIAL SOURCES

FAR PART 8
REQUIRED SOURCES OF SERVICES

- MANDATORY FEDERAL SUPPLY SCHEDULES
- OPTIONAL FEDERAL SUPPLY SCHEDULES
- FEDERAL PRISON INDUSTRIES
- COMMERCIAL SOURCES

FAR PART 13.103

THOU SHALT NOT SPLIT REQUIREMENTS NOR PAYMENTS TO AVOID FORMAL CONTRACTING



ACQUISITION REGULATIONS ARE BASED IN LAW

You cannot waive a law.

RESPONSIBILITIES

- **AGENCY/ORGANIZATION PROGRAM COORDINATOR**
  - TRAIN CARDHOLDERS/BILLING OFFICIALS
  - ISSUE CARDS AND APPROPRIATE DELEGATIONS
  - ENSURE FUNCTIONAL PARTICIPATION IN THE PROGRAM
  - CONDUCT SURVEILLANCE
  - PREVENT/RE-OPEN SUSPENDED ACCOUNTS

RESPONSIBILITIES
(CONT)

- **BILLING/CERTIFYING OFFICIAL**
  - PRE-APPROVE ALL PURCHASES
  - ENSURES CARDHOLDER'S COMPLIANCE WITH PROCEDURES
  - REVIEWS STATEMENT OF ACCOUNT
  - VERIFIES CORRECTNESS OF INVOICE
  - CERTIFIES BILLING STATEMENT (INVOICE)

RESPONSIBILITIES
(CONT)

- **CARDHOLDER**
  - NOTIFY THE BO OF QUESTIONABLE REQUESTS
  - MAKES PURCHASES
  - MAINTAINS RECORDS
  - VERIFIES DELIVERY
  - RECONCILES STATEMENT OF ACCOUNT

BILLING OFFICIAL CARDHOLDER RELATIONSHIPS

- BILLING OFFICIAL CANNOT WORK FOR THE CARDHOLDER
- AN INDIVIDUAL CAN BE A BILLING OFFICIAL FOR MORE THAN ONE CARDHOLDER (not to exceed 7)
- BILLING OFFICAL SHOULD BE SUPERVISOR OR ASSIGNED IN LOGICAL PLACE WITHIN ORGANIZATION

GPC PURCHASE RESTRICTIONS

- NO CASH ADVANCES
- NO RENTAL OR LEASE OF LAND OR BUILDINGS
- VEHICLE MAINTENANCE
- NO TELECOMMUNICATION SERVICES (Even telephone calls)
- TRAVEL AND SUBSISTENCE
- ADP HARDWARE/SOFTWARE
  - USAREUR Reg 25-1

SECTION 508 of the Rehabilitation Act of 1973

- 29 U.S.C. 794d
- FAR 39-2
- To provide access to and use of electronic and information technologies (EIT) by individuals with disabilities
- Procurement, development, maintenance and use of EIT

SECTION 508, ACCESSIBILITY STANDARDS, 36 C.F.R. Part 1194

- Telecommunication products para 1194.23
- Video/multimedia products para 1194.24
- Self contained,closed products para 1194.25
- Desktop/portable computers para 1194.26

SECTION 508, EXCEPTIONS

- EIT for National Security System
- EIT items only used in space frequented by maintenance, repair personnel
- EIT purchases imposing undue burden on the agency :
  - Significant difficulty
  - Significant expense

SECTION 508, CARDHOLDER RESPONSIBILITIES

- Identifies applicable standards
- Performs market research to determine availability of compliant product/service
- Documents non-availability :
  - Description of market research
  - Description of standards that could not be met
- Documents undue burden if applicable and
- Determines alternative means of access for disabled individuals

SECTION 508, CARDHOLDER RESPONSIBILITIES

- May accept EIT not complying with standards if :

  - product/service is substantially equivalent or

  - greater access to and use of the product

- To be approved by your Agency Section 508 Coordinator

SECTION 508 , INFORMATION

- www.section508.gov
- www.buyaccessible.gov
- www.usacce.army.mil/benelux
- www.arnet.gov/far
- http://cfr.law.cornell.edu/cfr/
- http://www4.law.cornell.edu/uscode/

GPC PURCHASE LIMITATIONS

- SINGLE PURCHASE
- CARDHOLDER MONTHLY
- BILLING OFFICIAL MONTHLY
- MERCHANT ACTIVITY CODES

SINGLE PURCHASE LIMITATION

- MAXIMUM CANNOT EXCEED $3,000
  - $2,000 for Construction
- AMOUNT IS SET BY BILLING OFFICIAL/RESOURCE MANAGEMENT
- AUTHORITY DELEGATED BY RCO CHIEF-A/OPC

MONTHLY CARDHOLDER LIMITATION

- TOTAL PURCHASES FOR THE BILLING CYCLE CANNOT EXCEED THIS AMOUNT
- AMOUNT SET BY BILLING OFFICIAL/RESOURCE MANAGER
- DELEGATED BY RCO CHIEF-A/OPC

MONTHLY BILLING OFFICIAL LIMITATION

- THE TOTAL AMOUNT OF FUNDS THAT CAN BE SPENT BY ALL CARDHOLDERS ASSIGNED TO A BILLING OFFICIAL

MERCHANT ACTIVITY CODES

- RESTRICT USAGE TO SPECIFIED COMMODITIES
- ESTABLISHED BY BILLING OFFICIAL
- INCORPORATED INTO ACCOUNT BY A/OPC

I.M.P.A.C.
Merchant Category Code Table

A - Airlines, Airports
B - Vehicle Rental, Dealers, Service, Gasoline, Parts, Towing
C - Hotel, Motel
D - Misc. Transportation (R.R., Taxi, Ambulance, Bus, Travel Agencies [No Airline Passage], Freight, Courier Service
E - Telephone, Telegraph, Cable Services, Cable Equipment, Utilities
F - Telemarketing Travel-Related Arrangement Services (No Travel Agencies)
G - Mail Order Houses, Telephone Purchases, Subscription/Continuity Merchant
H - Food/Dairy Stores, Drug/Liquor Stores
I - Caterers, Restaurants, Bars
J - Discount/Department/Variety Stores, Misc. General Merchandise, Duty Free Stores
K - Misc. & Specialty Retail Stores - Lumber/Hardware, Lawn, Garden, Clothing, Home Furnishings & Equipment, Household Appliances, Music/Records, Government Services, Not Elsewhere Classified
L - Contractors
M - Camps, Camp Sites, Amusement & Recreational Services
N - Misc. Personal Services
O - Misc. Business Services
P - Medical Services
Q - Schools, Educational Services & Day Care
R - Membership Organizations, Charitable and Social Organizations
S - Fuel (Fuel Dealers - Fuel Oil, Wood, Coal, Liquefied Petroleum)

I.M.P.A.C. Merchant Type Codes

05/06/9

000	ABCDEFGHIJKLMNOPQRSTU
001	EFGHIJKLMNOPQRSU
002	ABCDM
003	S
004	ABCDMS
005	BD
006	EFG
007	HIJ
008	JKLNORU
009	JM
010	DKNOPQRU
011	PR
012	QR
013	JKNORU
014	DJKLMNOPQRSU
015	GJKRU
016	B
017	BDEJKLOSU
018	DEJKLOU
019	JKLU
020	GJKLOPQRU
021	JKLOPQRU
022	CDEGJKLOPQRU
023	BGJKLOPQRU
024	BDGHJKNOSU
025	BEFGHIJKLMNOPQRSU
026	FIJKLNOU
027	BDFGJKLNOSU
028	BCEFGJKLMNOQRSU
029	GJKORU
030	BDEGJKLOSU
031	ABCDHIJKMNOSU
032	BJKNOSU
033	GJKOPU
034	CGHJKLMNOPQRU
035	BEGJKLOPRSU
036	CI
037	ABDEFGJKLMNOPQRSU
038	GJKLOSU
039	GJKU
040	EGJKNOQRU
041	GJKLMNOQRU
042	EFGHJKLMNOPQRSU
043	BCDEFGJKLMNOPQRSU
044	EJKOU
045	EGJKLNOPQRU
046	JKLOU
047	CGJKLNOPQRSU
048	GJKLNOPQRSU
049	BGHIJKLOPU
050	GJKLNOU
051	ABDEFGHKLNOPQRSU
052	BEFGHIJKLMNOPQRSU
053	FGJKOU
054	BCJKLOPSU
055	EFGJKLOPRSU
056	DHIJ
057	DS
058	GHJKLOQRSU
059	BEJKLNOSU
060	DFGJKOU
061	DGJKOQU
062	BDGJKOQU
063	BDGJKLOQU
064	CEFGHIJKLMNOQRU
065	C
066	P
067	CC
068	JKLOSU
069	CJKLOPQSU
070	BCDEFGHIJKLNOQSU
071	CDEGHJKLOPQRU
072	JKOPU
073	ABDEFGHJKLNOPQRSU
074	ABCI
075	BCDEGHIJKNOPQSU
076	ABJKLNOSU
077	BJKLNOSU
078	BEGJKLNOPRSU
079	BGJKLOU
080	BCI
081	BDEFGHJKLMNOPQRSU
082	BEGHJKLNOPRSU
083	BEGJKOSU
084	ABEFGHIJKLMNOPQRSU
085	GJKLNORU
086	BHJKNORU
087	BCDEFGIJKLMNOPQRSU
088	CEJKLOU
089	BCDEGHIJKMNOPQSU
090	BDEFGHIJKLMNOPQRSU
091	BS
092	H
093	D
094	KLOU
095	CEFGJKLOQSU
096	DEFGJKLOPQU
097	BCDGHIJKLMOPQRSU
098	CHI
099	U
100	BCJKLNU
101	BEGHIJKLOPU
102	EGJKOU
103	HIJKU
104	BDGJKLOPQRSU
105	HKU
106	BCDEGHIJKLNOQRSU
107	DGJKLMNOQRU
108	BCDEFGHJKLMNOPQRSU
109	BCDEFGHIJKLMNOQRU
110	CFGINOQR
111	CFGINOPQR
112	DGJKLOU
113	BHJKU
114	BJKU
115	JKU
116	HIJKMU
117	CDGJKU
118	CDGJKLNOU
119	GKU
120	EFGJKLNOPQRU
121	GKOU
122	BIKLOU
123	GHJKU
124	BKLOU
125	IKLOU
126	KLOPU
127	EFGHJKLNOU
128	EFGHJKLNOPU
129	EFGHJKLNOQU
130	BEGJKLNOPQRU
131	BCDEGHIJKLNOQRSPU
132	CGJKU
133	CEGJKLNOU
134	EGJKLNOU
135	CFGIKNOQRU
136	CFGIKNOPQRU
137	GJKOU
138	BDEGHJKLOPU
139	EGJKLNOU
140	EGJKU
141	HJKOU
142	BJKOU
143	BCDGHIJKMOPU
144	GJKLOU
145	ABCJKMNORSU
146	GJKSU
147	BGJKU
148	BDFHJKU
149	DFGJKLMORU
150	ABCDEFIJKLMOPRSU
151	ABCDJKLNORSU
152	JO
153	BCDEGIJKLNOPQRU
154	JKNORSU
155	BGJKU
156	DEGJKLOU
157	BDEFGHIJKLMNOSU
158	GHJKOU
159	CGIJKOU
160	GJKQRU
161	GIJKQU
162	KU
163	GJKOQRU
164	EGHJKLNOPQRU
165	BDEFGJKLMNOPQRSU
166	BGHJKLNOPSU
167	CGHIJKLOQU
168	BGHIJKLMNOPQRSU
169	ACDGHIJKLMOQU
170	BDGJKLOU
171	EGJKORU
172	BDGJKLOU
173	DJKOU
174	BCGHIJKLNOQRSU
175	BCGHJKLOPU
176	BEFGHJKLNOU
177	DEGHJKLNOPQSU
178	ABCDEIO
179	ABCDEIOS

LIMITS ON LIMITATIONS

- CODES INCORPORATED INTO CARDS
  - Safeguards
- VENDORS MUST HAVE SCANNERS
  - Safeguards will not work on manual purchases
- CARDHOLDER IS RESPONSIBLE TO KNOW LIMITS & AUTHORITY

PRIOR TO USING THE GPC TWO CONDITIONS MUST BE MET

- A VALID GOVERNMENT REQUIREMENT MUST EXIST
- FULL FUNDING OF THE REQUIREMENT MUST BE AVAILABLE

DEPARTMENT OF ARMY GUIDANCE

- MICRO PURCHASES USING THE GPC
  - All requests for purchase must be in writing
  - The local Commander (Designee) must approve the written request and will authorize local purchase
    - This should be stated in your organizations SOP/LOI
  - The SSA or supply office can assist in making this determination

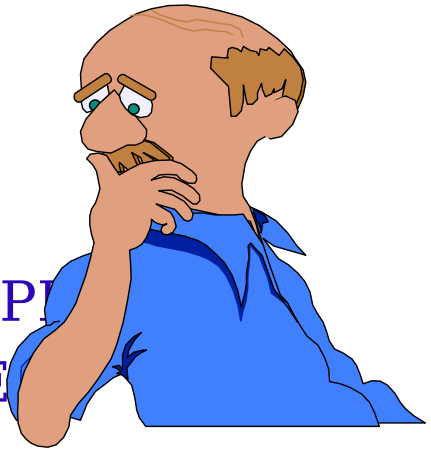
GPC FUNDING REQUIREMENTS

- FUNDING MEMORANDUM
- BULK FUNDED PR&C

THE DOCUMENT MUST PROVIDE FULL FUNDING FOR EACH MONTH COVERED.

Date	VENDOR	Items	Amount (Euros)	Amount ($)	Balance	Delivery	Status	PBO
1-Jun-01	GB	Extension cords	4.00	3.245	1,496.75	15-Jun-01	C	N/A

BEFORE USING YOUR GPC REMEMBER



- ALL SMALL PURCHASE REGULATIONS APP
- SPECIAL APPROVALS/WAIVERS MUST BE OBTAINED
- PURCHASES CANNOT EXCEED ESTABLISHED LIMITS
- ACCOUNTABLE ITEMS MUST BE PUT ON PROPERTY BOOK

GPC PURCHASING

OVER THE COUNTER

- PREFERRED METHOD
- KNOW WHAT YOU WANT TO BUY
  - WRITTEN REQUEST
  - AVAILABLE FUNDS
- POSSESSION OF RECEIPT
- IMMEDIATE DELIVERY
- TAX EXEMPT/AAFES 10% DISCOUNT

GPC PURCHASING
TELEPHONIC ORDERS

- ACCURATELY DESCRIBE REQUIREMENT
- VERIFY DELIVERY WITHIN 45 DAYS
  - NO BACK ORDERING
  - ALL ITEMS MUST BE DELIVERED TOGETHER
  - DOES PRICE INCLUDE SHIPPING?
- VERIFY PRICE DOES NOT INCLUDE TAX

TELEPHONIC ORDERING (CONT)

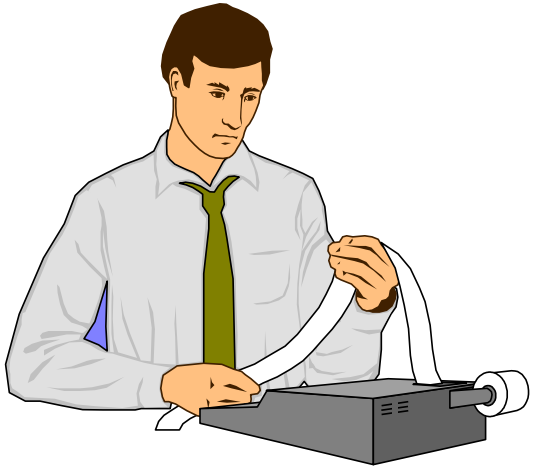
- PROVIDE CARDHOLDER NAME, CARD NUMBER & EXPIRATION DATE, ADDRESS, TELEPHONE NUMBER,
- GET VENDOR POC NAME AND FAX #
- **VERIFY ALL OF THE ABOVE**
- **WITH THE VENDOR BY FAX CONFIRMATION**

FILE DOCUMENTATION

- FILE FOR EACH TRANSACTION
  - PURCHASE AUTHORIZATION
  - ANY REQUIRED APPROVAL/WAIVER
  - * DETERMINATION OF PRICE REASONABLENESS
- YOUR RECEIPT **or** RECORD OF NEGOTIATION
- RECORD RETENTION (DoD FMR, Vol. 1)
  - 6 YEARS AND 3 MONTHS

ACCOUNT RECONCILIATION

"PAYING THE BILLS"



RESPONSIBILITIES

ACCOUNT RECONCILIATION

- CARDHOLDER RESPONSIBILITIES
  - RECONCILES STATEMENT WITH LOG
  - REALLOCATES IF NECESSARY
  - APPROVES EACH CHARGE
  - VERIFIES DELIVERY/CONFORMANCE OF ITEMS
    - NON DELIVERY - FLAG PURCHASE
    - NON CONFORMING - CONTACT VENDOR
    - APPROVES STATEMENT OF ACCOUNT
  - NOTIFIES BILLING OFFICER (3 DAYS)

ACCOUNT RECONCILIATION

BILLING/CERTIFYING OFFICIAL

- REVIEWS STATEMENT OF ACCOUNT
- INSURES PROPER PROCEDURES WERE FOLLOWED (Review Cardholder Files)
- INSURES PBO HAS BEEN INFORMED
- CERTIFIES INVOICE

PROBLEMS WITH STATEMENT OF ACCOUNT

- BILLING ERRORS/NON-CONFORMING ITEMS
  - CARDHOLDER SHOULD CONTACT VENDORS
    - DOCUMENT THE FILE
    - COMPLETE QUESTIONED ITEM FORM
- Memorandums of negotiations with contractor's confirmation are imperative.

PROBLEMS WITH STATEMENT OF ACCOUNT

- BILLED BUT NOT DELIVERED
  - Withholding payments is not cost effective
  - Only a fraction of purchases result in a dispute
  - 99.86% of items are delivered
  - Majority of problems can be resolved without formal intervention

PROBLEMS WITH STATEMENT OF ACCOUNT

- ***CONFIRM AND PAY***
  - **DISPUTED AMOUNT WILL BE SETTLED**
  - **AVOIDS INTEREST CHARGES**
  - **INCREASES VALUE OF REBATES**

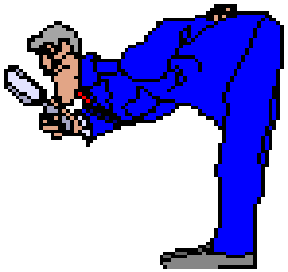
IMPAC CARD SECURITY

- CARDHOLDER USE ONLY
  - VIOLATION COULD RESULT IN POTENTIAL DISCIPLINARY ACTION
- KEEP CARD IN WALLET/PURSE
- LOST CARD
  - NOTIFY U.S.BANK IMMEDIATELY
  - NOTIFY BILLING OFFICIAL WITHIN ONE DAY
  - WRITTEN REPORT TO A/OPC W/I 5 DAYS

IMPAC CARD SECURITY (CONT)

- DURING OUT-PROCESSING THE CARDHOLDER MUST:
  - SURRENDER CARD TO BILLING OFFICIAL
  - REPORT TO A/OPC
- BILLING OFFICIAL MUST
  - ASK A/OPC TO CANCEL THE GPC
- CARDS ARE REISSUED EVERY THREE YEARS

SURVEILLANCE

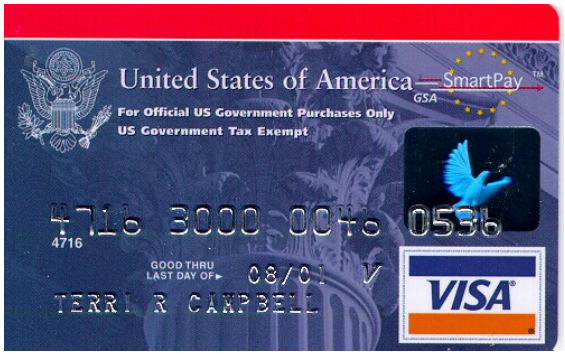


- ON SITE INSPECTIONS
  - RESULTS DISCUSSED WITH CARDHOLDER/ BILLING OFFICIAL
  - REPORT THROUGH THE CHAIN OF COMMAND
- DESK SURVEYS
  - EMAIL REQUEST FOR FILES
  - FORMAL REPORT ONLY IF SYSTEMIC PROBLEMS IDENTIFIED

MISUSE OF CARD

- INITIAL MISUSE
  - PARC OR HCA LETTER TO:
    - COMMANDER
    - BILLING OFFICIAL
    - CARDHOLDER
  - REMEDIAL TRAINING
- SUBSEQUENT MISUSE
  - GPC PRIVILEGES REVOKED

Government Purchase Card Program (GPC)



Define Procedures to be used to obtain relief from Belgian VAT when making Official Government Purchases using the GPC.

Tax Relief for the GPC

Why?

- VAT is 21% of Purchase Price in Belgium
- Over $4.2 million of purchases
  - $880,000 in Tax
- Ministry of Finance Requires Controls
  - One Office Validates All Requests
- Streamlined Procedures.

Tax Relief for the GPC How it works.

Card Holder forwards to RCO BENELUX:

- Two completed original Form AR 15 Par 10
  (Form must be printed on both sides)
- Contractors Invoice (Copy)
- Copy of Requirements Document

- ONLY RCOB CONTRACTING OFFICERS CAN APPROVE Form AR 15 Par 10

COMMUNAUTE EUROPEENNE

CERTIFICAT D'EXONÉRATION DE LA T.V.A. ET DES DROITS D'ACCISE

(Article 15 par.10 de la directive 77/388/CEE et article 23 par.1 de la directive 92/12/CEE)

Numéro de série (facultatif) : .....

1. ORGANISME/PARTICULIER VISE

Nom .....

Adresse (rue, n°) .....

Code postal, localité .....

Etat membre (d'accueil) .....

2. AUTORITE COMPETENTE POUR L'APPOSITION DU CACHET :

MINISTERE DES FINANCES

Administration Centrale de la T.V.A., de l'enregistrement et des domaines, 5ème Service - 7ème Direction, 12° étage C.A.E. Tour des Finances - Boîte 39 ☎ (02) 210 27 47

Administration Centrale des douanes et accises, Service Procédures douanières 12ème Direction, 9° étage C.A.E. Tour des Finances - Boîte 37 ☎ (02) 210 31 73 - (02) 210 32 22

boulevard du Jardin Botanique, 50 1010 BRUXELLES

3. DECLARATION DE L'ORGANISME OU DU PARTICULIER VISE

Par la présente, l'organisme ou le particulier(1) exonérable déclare :

a) que les biens et/ou les services énumérés à la case 5 sont destinés(2)

☐ à l'usage officiel

- ☐ d'une mission diplomatique étrangère
- ☐ d'une représentation consulaire étrangère
- ☐ d'un organisme international
- ☐ des forces armées d'un Etat partie au Traité de l'Atlantique Nord (forces OTAN)

☐ à l'usage privé

- ☐ d'un membre d'une mission diplomatique étrangère
- ☐ d'un membre d'une représentation consulaire étrangère
- ☐ d'un membre du personnel d'un organisme international

_____
(nom de l'organisme) (voir case 4)

b) que les biens et/ou les services décrits à la case 5 sont conformes aux conditions et aux restrictions applicables en matière d'exonération dans l'Etat membre mentionné à la case1, et

c) que les informations figurant ci-dessus sont exactes et sincères. L'organisme ou le particulier exonérable s'engage par la présente déclaration à verser à l'Etat membre à partir duquel les biens ont été expédiés ou à partir duquel les biens et/ou les services ont été effectués la TVA et/ou les droits d'accise qui seraient exigibles si les biens et/ou les services n'étaient pas conformes aux conditions d'exonération ou s'ils n'étaient pas utilisés de la façon prévue.

_____
Lieu, date

_____
Nom et qualité du signataire

_____
Signature

4. CACHET DE L'ORGANISME (en cas d'exonération pour usage privé)

5. DESCRIPTION DES BIENS ET/OU DES SERVICES POUR LESQUELS L'EXONERATION DE LA TVA ET/OU DES DROITS D'ACCISE EST DEMANDEE

A. Informations relatives à l'assujetti/l'entrepositaire agréé

1. Nom et adresse .....
2. Etat membre .....
3. Numéro d'identification TVA/droits d'accise .....

B. Informations relatives aux biens et/ou aux services

N°	Description détaillée des biens et/ou des services[3] (ou renvoi au bon de commande en annexe)	Quantité ou nombre	Valeur hors TVA et/ou droits d'accise		Monnaie
			Valeur unitaire	Valeur totale	
				Total	

6. CERTIFICAT DE L'AUTORITE OU DES AUTORITES COMPETENTE(S) DE L'ETAT MEMBRE D'ACCUEIL

L'expédition/livraison de biens et/ou prestations de services décrite à la case 5 respecte les conditions d'exonération de la TVA et/ou des droits d'accise

☐ dans sa totalité

☐ à concurrence d'une quantité de ..... (nombre) [4].

Lieu, date

Cachet(s)

Nom(s) et qualité(s) du signataire(s)

Signature(s)

7. DISPENSE DU CACHET (uniquement en cas d'exonération pour usage officiel)

Par lettre n° ..... (référence du dossier) du ..... (date)

..... (nom de l'organisme exonérable) a été dispensé(e) par

..... (nom de l'autorité compétente de l'Etat membre d'accueil) de l'obligation d'obtenir le cachet prévu à la case 6.

Lieu, date

Cachet

Nom et qualité du signataire

Signature

Tax Relief for the GPC How it works.

RCO BENELUX
Actions:

- Review of the Submitted Documents
- Contracting Officer's Signature
- Forwards to Belgian Ministry of Finance
- Returns Completed Form to Vendor/Customer

Tax Relief for the GPC How it works.

How Do You Get Your Money Back?

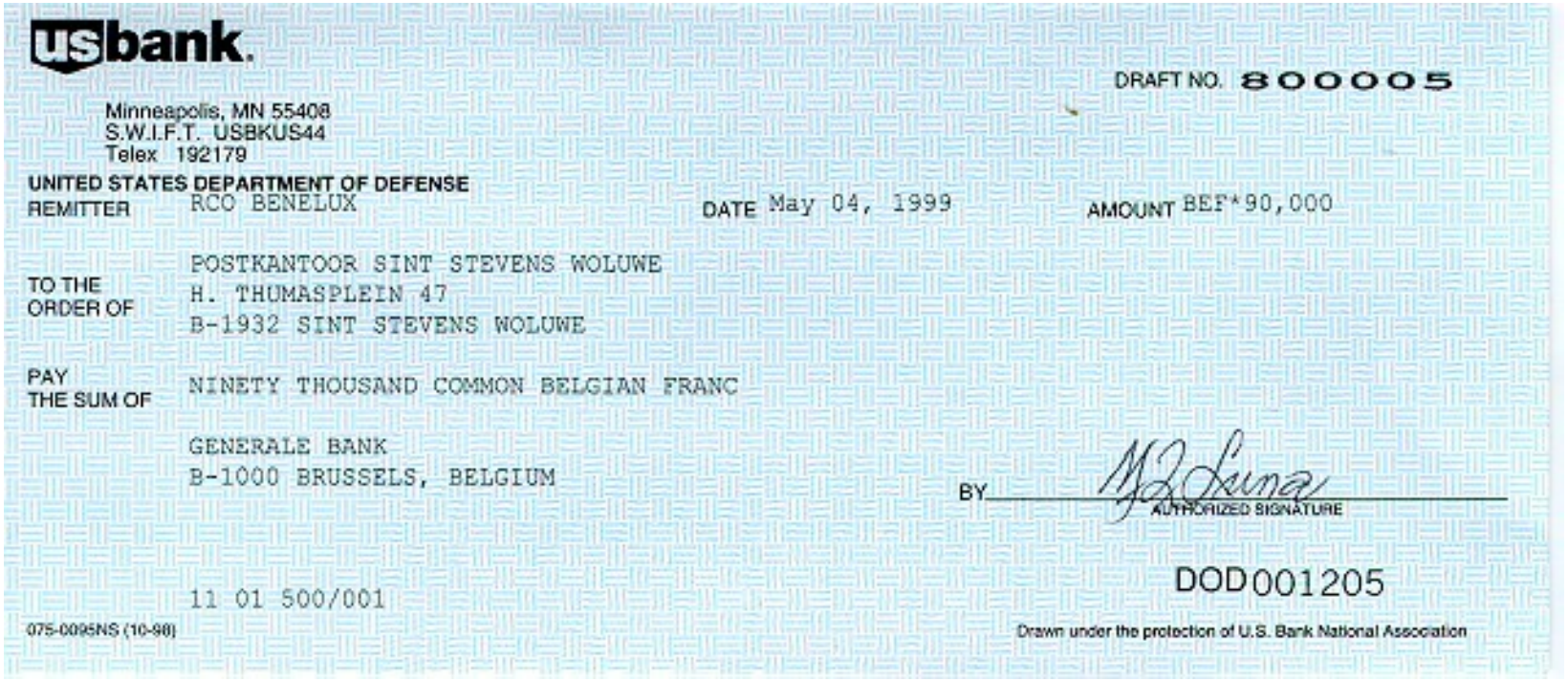
- Vendor Did Not Charge Your Account
- Vendor Will Credit Your Account
  - May Need Your Card
  - Track Credit on Next SOA and Invoice
    - Euro - Flux
- Cash Refund
  - Must Complete DD 1131 “Cash Collection Voucher”

Tax Relief for the GPC How to Get What You Need

The following can be obtained on the RCOB Homepage - www.usaccc.army.mil/benelux

- Instructions to Card Holders
- Letter to Vendor Explaining Procedure
  - French and Dutch Versions
- Form AR 15 Par 10 and Instructions
  (Form must be printed on both sides)
  - French and Dutch Versions of the Form
- Cash Collection Voucher

VISA FOREIGN DRAFT PROGRAM



usbank.

DRAFT NO. 800005

Minneapolis, MN 55408
S.W.I.F.T. USBKUS44
Telex 192179

UNITED STATES DEPARTMENT OF DEFENSE

REMITTER RCO BENELUX

DATE May 04, 1999

AMOUNT BEF*90,000

TO THE ORDER OF
POSTKANTOOR SINT STEVENS WOLUWE
H. THUMASPLEIN 47
B-1932 SINT STEVENS WOLUWE

PAY THE SUM OF
NINETY THOUSAND COMMON BELGIAN FRANC

GENERALE BANK
B-1000 BRUSSELS, BELGIUM

BY _____
AUTHORIZED SIGNATURE

11 01 500/001

DOD001205

075-0095NS (10-98)

Drawn under the protection of U.S. Bank National Association

VISA FOREIGN DRAFT PROGRAM

- Not intended to replace the Credit Card
- Used only in sole source situations
- 2% surcharge by U.S. Bank
- $3,000 limit on checks
- $50 cancellation fee

BILLING OFFICIAL SETUP

PURCHASING CPP (DoD)

Agent Number 6155

Billing Official Contact Information: ***(Complete all information, unless indicated as optional)***

Billing Official Name: _____
(Name 1) *(max. 30 char.)*

Dept./Office/Agency Name: _____
(Name 2) *(max. 19 char.)*

Address 1: _____
(max. 36 char.)

Address 2: _____
(Optional) *(max. 30 char.)*

City: APO _____ State: AE Zip: _____
(max. 25 char.) *(max. 10 char.)*

Phone Number: _____
(max. 18 char.)

Fax Number: _____
(max. 18 char.)

E-Mail Address: _____
(max. 60 char.)

Tax Exempt Number: _____
(max. 20 char.)

Billing Office Limit: $_____ Cycle Date: _____
(Cycle purchase limit)

Master Accounting Code: _____
(Optional) (max. 75 char.) *(First 25 characters of Accounting Code)*

_____
(Second 25 characters of Accounting Code)

_____
(Third 25 characters of Accounting Code)

Reporting Levels:

Level 1: 47163 Level 2: 00021 Level 3: 00085 Level 4: 00013

Level 5: _____ Level 6: _____ Level 7: _____

Form: BOSET-DoD
(9/98)

OFFICE SYMBOL _ DATE

MEMORANDUM FOR RECORD

SUBJECT: Appointment of Certifying Officer (CO)

1. Effective DATE, NAME, SSN:, JOB TITLE, UNIT, is assigned duties as a Purchase Card Certifying Officer (CO) to Kaiserslautern FAO, Unit 23122, APO AE 09227.

2. Authority: AR: 37-103 and DFAS-IN Regulation 37-1, (dtd Sept. 95) Chapter 20 and Appendix G.

3. Purpose: To certify following payment vouchers and documents:

a. Government Purchase Card Contractor invoices covering purchases and services obtained with the Government purchase card.

4. Period: Until officially released from appointment.

5. Special instructions: CO will be familiar with the applicable financial regulations and any written instructions from Finance. The CO will read and understand these instructions prior to accepting the CO position. Appointment of CO establishes the agency relationship between the CO and Finance and that the CO can be held pecuniary liable for vouchers certified. CO has met required qualifications for certifying vouchers for payment to Finance. CO is authorized to certify the documents listed above. For all documents you certify under this appointment, your signature must be in the same form that you signed the DD Form 577.

Commander

NAME (*Type or print*)	GRADE	DATE
OFFICIAL ADDRESS		
SIGNATURE		
TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED		
I CERTIFY THAT THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL.		
NAME AND GRADE OF COMMANDING OFFICER (*Type or print*) OR HIS DESIGNEE		
SIGNATURE OF COMMANDING OFFICER OR HIS DESIGNEE		

DD FORM 1 APR 55 **577** REPLACES 1 SEP 51 EDITION WHICH WILL BE USED UNTIL EXHAUSTED.

SIGNATURE CARD

CERTIFYING OFFICER
STATEMENT OF AGREEMENT

1. By signature hereon, I acknowledge my appointment as a certifying officer. I have received and fully understand the written and oral instructions pertaining to the certification of IMPAC official invoices from the Finance Officer or designated representative. I have read and understand my responsibilities and accountability.

2. I understand that I have entered an agency relationship with the Finance Officer. I further understand that I can be held pecuniarily liable in my own right or in conjunction with the Finance Officer for payments that I have certified, which later are determined to be illegal, improper, or incorrect. I understand that this appointment will remain in effect until revoked in writing by you (or your successor).

3. Attached for your approval is the completed DD Form(s) 577, Signature Card.

_____
Certifying Officer Name (PRINT)

_____
Certifying Officer Signature

_____
Date

_____
Phone

BILLING OFFICIAL MAINTENANCE

PURCHASING CPP (DoD)

Agent Number: 6155 Company Number _____

Billing Official Account Number _____

Fill in only the Information Below to be Changed

Billing Official Contact Information to be changed:

Billing Official Name: _____
(Name 1) *(max. 30 char.)*

Dept./Office/Agency Name: _____
(Name 2) *(max. 19 char.)*

Address 1: _____
(max. 36 char.)

Address 2: _____
(Optional) *(max. 30 char.)*

City: APO State: AE Zip: _____
(max. 25 char.) *(max. 10 char.)*

Phone Number: _____
(max. 18 char.)

Fax Number: _____
(max. 18 char.)

E-Mail Address: _____
(max. 66 char.)

Tax Exempt Number: _____
(max. 20 char.)

Billing Office Limit: $_____ Cycle Date: _____
(Cycle purchase limit)

Master Accounting Code: _____
(Optional) (max. 75 char.) *(First 25 characters of Accounting Code)*

_____
(Second 25 characters of Accounting Code)

_____
(Third 25 characters of Accounting Code)

Reporting Levels:

Level 1: 47163 Level 2: 00021 Level 3: 00085 Level 4: 00013

Level 5: _____ Level 6: _____ Level 7: _____

CARDHOLDER SETUP

PURCHASING CPP (DoD)

Agent Number: 6155
(leave blank if Cardholder Setup is sent with Agency Setup)

Company Number: _____
(leave blank if Cardholder Setup is sent with Billing Office level Setup)

Cardholder Information: ***(Complete all information, unless indicated as optional)***

Cardholder Name: _____
(Name 1) *(max. 24 char.)*

Dept/Office/Agency Name: _____
(max. 20 char.)

Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional *(max. 35 char.)*

City: APO *(max. 25 char.)* State: AE

Zip: _____ *(max. 10 char.)* Country: _____

Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first either (8) characters embossed on plastic)(max. 15 char.)

MAT Code: *(Indicate up to 4 codes):* 1. _____ 2. _____ 3. _____ 4. _____
(Indicate MAT 0999 if using checks on the account)

Single Purchase Limit: $_____ 30-Day Limit: $_____
(Credit Limit)

Card Suppression *(Indicate Y = Yes, N = No)*: N

I.M.P.A.C. Check *(Indicate Y – Yes, N = No)*: N I.M.P.A.C. Check Single Purchase Limit: $_____
(DOD must attach DFAS confirmation)

Reporting Levels:

Level 1: 47163 Level 2: 00021 Level 3: 00085 Level 4: 00013

Level 5: _____ Level 6: _____ Level 7: _____

Master Accounting Code: _____
(Optional) (max. 75 char.) *(First 25 characters of Accounting Code)*

_____
(Second 25 characters of Accounting Code)

_____
(Third 25 characters of Accounting Code)

CARDHOLDER MAINTENANCE

PURCHASING CPP (DoD)

Type of Maintenance: (Check all that apply):

☒ Change
☐ Cancellation
☐ Move to New Billing Official>>Company Number: _____
☐ Purge from Reporting

Agent Number: 6155 Company Number: _____

Cardholder Name: _____
(As it appears on CPP system) (First) (M.I.) (Last)

Account Number: 4716 3000

Fill in Only the Information Below to be Changed

Cardholder Information to be Changed:

Cardholder Name: _____
(Name 1) (max. 24 char.)

Dept/Office/Agency Name: _____ (✓) Emboss Name ☐ *Yes* ☐ *No*
(Name 2) (max. 20 char.)

Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional (max. 35 char.)

City: APO State: AE
(max. 25 char.)

Zip: _____ Country: _____
(max. 10 char.)

Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first either (8) characters embossed on plastic)(max. 15 char.)

MAT Code: *(Indicate up to 4 codes):* 1. _____ 2. _____ 3. _____ 4. _____
(Indicate MAT 0999 if using checks on the account)

Single Purchase Limit: $_____ 30-Day Limit: $_____
(Credit Limit)

Reissue Request:

(✓)Check all that Apply

☐ Reissue Card ☐ Reissue Checks ☐ Re-open Account

I.M.P.A.C. Check Setup Request:

☐ Add I.M.P.A.C. Check to Existing Account ⇨ ☐ I.M.P.A.C. Check Single Purchase Limit $_____

Reporting Levels:

Level 1: 47163 Level 2: 00021 Level 3: 00085 Level 4: 00013

Level 5: _____ Level 6: _____ Level 7: _____

Form: CHMNT-DoD
(9/98)

PURCHASING CPP

Master Accounting Code:
(Optional) (max. 75 char.) *(First 25 characters of Accounting Code)*

(Second 25 characters of Accounting Code)

(Third 25 characters of Accounting Code)

MAIL REQUEST TO:
I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347
FAX REQUEST TO: 701-461-3466
☎ 888-99-IMPAC (888-994-6722)

GPC
POINT OF CONTACT

- AGENCY PROGRAM COORDINATOR
  - MARIE-DOMINIQUE COURTOIS, 368-9624 Comm 32-(0)2-717-9624, FAX 368-9611

INTERNET ACCESS

- RCO BENELUX Homepage
  - http://www.usacce.army.mil/benelux
- Department of Army GPC
  - http://purchasecard.saalt.army.mil
- General Services Administration
  - www.gsa.gov
  - www.jwod.gov
  - www.gsaadvantage.gov

THANK YOU

REGIONAL CONTRACTING OFFICE BENELUX